CARE OF THE CHRONIC INSANE IN FAMILIES.

BY

F. B. SANBORN.

REPRINTED FROM PROCEEDINGS OF THIRTEENTH NATIONAL CONFERENCE OF CHARITIES AND CORRECTION, HELD AT ST. PAUL, MINN., JULY, 1886.

CARE OF THE CHRONIC INSANE IN FAMILIES.

BY F. B. SANBORN.

It is now many years since the question of providing for a portion of the chronic insane in private families has been under discussion in this country as well as in Europe. The ancient establishment for insane persons at Gheel, in Belgium, is perhaps the best known example of family care for the insane; but this has been so often described that I need not dwell upon it here. Nobody proposes to introduce the Gheel system anywhere in America, although its results are instructive in regard to the general care of the chronic insane. The Scotch system of providing for the pauper insane in private dwellings is much more nearly adapted to American ideas, and has been administered under laws closely resembling those which are now in force or coming into operation in many States. So long ago as 1867, Dr. Howe, then chairman of the Massachusetts Board of Charities, suggested a modification of the Scotch system as applicable to Massachusetts; and, in 1871, Dr. Earle, then in charge of the Northampton Hospital, said in his report: —

> To the extent of eight to ten per cent. of the State patients at the Northampton Hospital might be domiciled in private families without detriment to the community. They are the quiet, incurable demented,— the same class, indeed, as those who are in the licensed houses of Scotland. Whether they would be as well provided for as in the hospitals, or generally more contented than at those institutions, are matters of serious doubt.

This might well be doubted fifteen years ago, before the experiment had been tried; but, from a limited experience with patients of the class mentioned by Dr. Earle, and with some other patients not included in his description, the Massachusetts authorities have now no doubt that a small proportion of the chronic insane can be "domiciled in private families," not only "without detriment to the

community," but with great comfort and content to themselves. And the object of this paper is to show precisely what has been the experience of Massachusetts in this respect. It is similar to that of Scotland, although the length of time and the number of patients under observation are much less than in the Scotch experiment.

There were antecedent reasons, drawn from the nature of the disease and from what we knew of the chronic insane, for supposing that these unfortunate persons might live safely and comfortably elsewhere than in asylums. Speaking of such persons, an English physician, Dr. Blandford, said in 1871, in his work on *Insanity and its Treatment*: —

How are you to know if a patient is capable of living beyond the walls of an asylum? The answer is simple,— Give him a trial. Many unpromising cases I have known to benefit so much by the change that they would scarcely be recognized. As the last generation did away with the fetters and mechanical restraints used in asylums, so let the present release from the restraints of an asylum all those capable of enjoying a larger amount of liberty and a freer atmosphere than that in which they now fret and chafe.

Dr. Bucknill, the eminent English specialist who quotes this passage in his work on *The Care of the Insane*, published by Macmillan in 1880, says further on the same subject: —

It has long been the accepted doctrine that insanity can only be treated curatively in asylums. But it must not be forgotten that most of the works on the treatment of insanity have been written by medical men connected with asylums, who, without insincerity, might express opinions founded upon their own limited knowledge. A wider knowledge of insanity as it occurs among the upper and middle classes would have taught them that a very considerable number of cases of actual insanity run a short course, and recover in domestic life, with no great amount of treatment, and that not, perhaps, of a very scientific kind. . . . But the experience of the Lord Chancellor's visitors proves that judiciously selected cases of tranquil lunacy may be made more comfortable and happy in very homely places of residence, and at a very moderate cost. Therefore, the development of this system is not for the advantage of the rich alone, but for that of all lunatics who are easily manageable and are not dangerous; and it is in the development of this system of domestic treatment that the greatest promise lies of the largest possible amelioration of the unhappy lot of those afflicted with mental disease.

Dr. Mitchell, the chairman of the Scotch Lunacy Commission, had not only made observations similar to these, previous to the full experiment tried in Scotland, but had shown, from hundreds of actual

cases, that family life for the chronic insane was practicable in many instances, and desirable whenever practicable. Dr. H. R. Stedman, a Massachusetts specialist, for some years second in authority at the Danvers Lunatic Hospital, had examined the Scotch experiment, both historically and as an observer on the spot, and had reached the same conclusion. This being so, Mrs. Leonard, then a member of the Massachusetts State Board, proposed and obtained in 1885 the passage of the following law, which has since been supplemented by an additional act giving greater authority to the State Board of Lunacy and Charity: —

[Acts of 1885, Chapter 385.]

Section 1. The State Board of Health, Lunacy, and Charity is hereby authorized to place at board where they may deem it expedient, and in suitable families throughout the Commonwealth, insane persons of the chronic and quiet class; and the cost of boarding such insane persons having no settlement in this Commonwealth shall be paid from the appropriation for the support of State paupers in lunatic hospitals, but the rate paid for their board shall not exceed the rate now paid in the State lunatic hospitals ($3.25 a week at present).

Sect. 2. Bills for the support of such insane persons boarded in families at the expense of the State shall be payable quarterly, and shall be audited by the State Board of Health, Lunacy, and Charity, which shall present, at the end of each quarter commencing January, April, July, and October, a schedule of all such bills incurred during the quarter; and registers shall be kept by said board in such form that the auditor of accounts shall be able to verify such schedules, and, for the present year, all such bills shall be paid from the appropriation made in chapter nine of the acts of eighteen hundred and eighty-five for the support of State paupers in lunatic hospitals.

Sect. 3. It shall be the duty of the Board of Health, Lunacy, and Charity to cause all insane persons who are boarded in families at the expense of the Commonwealth to be visited at least once in three months; and all insane persons who are boarded in families at the expense of towns and cities, and whose residence is made known to said board, shall be visited in like manner at least once in six months by some agent of the Board of Health, Lunacy, and Charity.

Sect. 4. Said board shall be required to remove to a lunatic hospital or to some better boarding place all State paupers who, upon visitation, are found to be abused, neglected, or improperly cared for, when boarded under the authority of this act; and it may also remove to a lunatic hospital any insane person boarded at the expense of a city or town, who shall be found unsuitably provided with a boarding place.

Sect. 5. This act shall take effect upon its passage. [*Approved June* 19, 1885.

This law went into operation July 19, 1885; and, in presenting it to the people of Massachusetts, Mrs. Leonard used the following language, in a communication extensively published in the newspapers: —

The writer has now in mind a good many gentle, mild, and harmless women, some aged, some younger, who have often piteously

besought that they might "go out" and have a home "somewhere else." We find them rearing canary birds, playing with dolls, or brooding in pathetic melancholy, weary of a great institution, and longing for domestic life, with its little details of interest. They stay in the hospitals because they have nowhere else to go. They have delusions, and cannot guide themselves. They require patience and kindness; but these, if conferred, will bless both the giver and receiver. Women, perhaps, will be most readily received; but there are men as well who would give little trouble in a country home. It is hoped that inquiry will develop the fact that there are a good many families living in the country, with comfortable homes and moderate incomes, who would be glad to add something to the latter by taking one or two mild and harmless persons from the hospitals and giving them kind care. The experiment recently made by the State in boarding out children, even infants, with much success financially, and also with benefit to the children, leads to the inference that the insane, too, could be thus maintained with success. The State children find good homes in families who have plenty of food and house room, and where the women of the family wish to earn a little pocket money and to do a good work of mercy at the same time. No difficulty is experienced in finding good homes for the State children, though many unsuitable applicants are rejected. The children come under close and careful inspection, and are quickly transferred, if not found to thrive. The insane will need, and will have, close supervision also. Some, of course, will be found on trial unfit for private life, and will be returned to the hospitals. It is believed, however, that many will succeed in living in families.

The anticipations of Mrs. Leonard have been more than justified by the result, although the number of patients placed in families under the law cited has hardly been so large as she expected. The first patients, two in number, were sent to families on the 10th of August, 1885; and, since that date, forty-six patients in all, nineteen men and twenty-seven women, have been boarded out under the law. Of these, thirty-two now remain in boarding places. The disposal of the fourteen patients who have been placed in families since Aug. 18, 1885, and who no longer remain there, is as follows: recovered or self-supporting, five; returned to the hospital, eight; died, one.

Of those returned to the hospitals, one has since been discharged, and has called on me at my office. Of those called recovered or self-supporting, two would usually be set down as recovered, according to hospital standards; and the other three are improved. Of the thirty-two remaining in families, two can probably soon be discharged as recovered, and one as self-supporting. Assuming these figures as reasonably correct, we may say that, out of fifty patients likely to be

placed out under any good system of boarding, four may be expected to recover during the first year, and four others to become self-supporting. This is a percentage larger than could have been predicted a year ago, and indicates that the selection of patients has been made from other classes than the strictly chronic insane. Our experience also tends to show that a system of this kind restores to the community a considerable number of persons who might otherwise remain hospital inmates for the rest of their lives.

Although the number of patients thus placed in private families in Massachusetts has been so small, and the time elapsed since we began the experiment so short, yet the variety of cases has been so great in respect to age, sex, social condition, form of disease, and locality of boarding place, that we feel confident the results will be much the same in several hundred cases, should we treat them in the same way. The whole number of the insane under public supervision in Massachusetts during a single year being nearly six thousand, I estimate that no less than five hundred could be provided for in private families, without danger to the community and with benefit to themselves. If this is correct, the population of a whole hospital of average size could thus be distributed in private families, where they would require a less costly supervision than they now receive in the ordinary hospital, and where their comfort would be greater, on the whole. They would also, judging by our experience, be more likely to find the means of self-support than does the ordinary inmate of a chronic asylum; and they would appeal much more to the care and attention of relatives than such inmates now do. The cost of building an asylum for five hundred inmates in Massachusetts has never been less for the last forty years than $300,000, and this involves an annual outlay for repairs and improvements of at least $3,000 more. It would therefore be a measure of economy to provide for the chronic insane, so far as is practicable, in private families, where no expenditure would be necessary for building and repairs.

It may be said, however, and it has frequently been said in Massachusetts, that families cannot be found that will suitably care for the chronic insane as boarders. It was, indeed, my own opinion that we could not easily find good families to receive these wayward and troublesome boarders at so low a rate as $3.25 a week, which is all that we pay. The contrary has proved to be the fact; for we find applications from families every way suitable, enough to provide places for twice as many patients as we have been able to furnish. These families generally, but by no means always, live in the rural

towns, and are those of farmers or mechanics, sometimes the widow of a farmer or a mechanic, who are living comfortably, but without any large supply of ready money. The motive with them is ordinarily to increase their pocket money, particularly that of the women of the family, by taking boarders; and, although the rate is low for villages, it is sufficient in the farming towns. These families generally are of American stock, possessing the ordinary education, social habits, and philanthropic spirit of the New England people. They have not shown themselves inclined to take advantage of their insane wards or to stint them in the comforts of life. The best evidence of this is the almost universal wish of these patients to remain in the families where they are rather than go back to the hospital from which they were taken. Occasionally, I have found upon visitation that the family was too exacting in respect to work required of the boarder or too regardless of his comfort, and have removed such patients to better places. Occasionally, too, the boarder is unreasonable, and gives so much trouble that it is better to change his boarding-place or send him back to the hospital. Such cases have thus far been about one-seventh of the whole number. No deaths from disease and no serious illness have yet occurred among the patients boarded out, the one death reported above having been a suicide, which would very likely have taken place had the patient remained in the hospital. Care is, of course, taken to select boarders without any suicidal tendency; and, in this particular case, no such tendency had been noticed during the five years he had last been confined in a hospital.

In the selection of patients for boarding out, great care is exercised. They must be, in the first place, recommended by the superintendent of the hospital where they are found. They are then examined by myself personally, their medical and family record is looked up, and as much is learned as possible concerning their relations with the outside community. The families making application for boarders have been in the mean time visited, and their fitness ascertained, the effort being made, in all cases, to adapt the family to the patient, and the patient to the family. In only one instance have relatives taken a patient as a boarder, although they have in several instances come forward afterward, and assumed the whole support of the patient.

A majority of those placed in families, under this system, in Massachusetts, have been women; and this will probably continue to be the fact. This is partly because women are preferred as boarders

by the women of the family making the application, from a feeling that they will be safer and more trustworthy inmates; partly because there are more women than men among the Massachusetts insane of the chronic class; and partly because women, as a rule, are more willing to board in the manner described. But special care needs to be taken in boarding out young women, lest they should form connections which would be every way undesirable. For this reason, it was at first proposed that women under the age of forty should not be selected as boarders; but, upon the advice of Mrs. Leonard, this rule was not adopted, and a small number of young women have been boarded in families, under careful supervision. It is in this class that recoveries are most likely to occur. No ill consequences have been observed from this exception to the rule adopted in Scotland; and the practice of boarding out the younger women will be continued, in special cases, so long as it succeeds. The great majority of the boarders, however, will be persons who have passed middle life, and have spent a long time in the hospitals,—quiet, demented patients, such as may be seen in every State hospital, and such as occupy to some extent the county asylums of Wisconsin, which I have just visited. When the limit of one hundred patients is reached in those excellent asylums, the Wisconsin authorities, who have shown great wisdom in their arrangements for the chronic insane, would do well to adopt the boarding-out system as a means of providing for the surplus beyond one hundred who may be found in any county.

The visitation required by law in Massachusetts is once in three months for the insane boarded out; but, in fact, they are visited oftener, and some of them correspond with me freely. An experienced woman visits the women, and a medical visitor attends to cases needing medical visitation. I submit herewith the circulars issued by the Massachusetts Board concerning this subject, and the latest law thereon (Statutes of 1886, chap. 319):*—

AN ACT

Concerning the Commitment and Custody of Insane Persons:—

SECTION 1. Every order or certificate for the commitment of an insane person, under the provisions of sections eleven and twelve of chapter eighty-seven of the Public Statutes, hereafter made by any of the judges therein mentioned, shall authorize the custody of the person therein named, either at the hospital or asylum to which he shall be first committed, or at some other hospital, asylum,

*The circulars are here omitted. The law is one giving general authority over the unrecovered insane to the public authorities.

private dwelling, or other place to which said person may be transferred, if discharged without recovery from the hospital or asylum named in the order. In case said insane person shall be found to have a settlement in some town or city of this Commonwealth, the overseers of the poor in the place of his settlement shall have the legal custody of said person, after his discharge from the hospital or asylum, but not previously, and may make provision for his maintenance and treatment at such asylum, almshouse, private dwelling, or other place, as they may see fit, subject to the provisions of this act. In case the said insane person shall have no known settlement in this Commonwealth, then the State Board of Lunacy and Charity shall have the legal custody of said person after his discharge from the hospital or asylum, and may make provision for his maintenance and treatment at any place within this Commonwealth, or elsewhere, which said board may deem suitable.

SECT. 2. All insane persons who are now resident at the State lunatic hospitals or other hospitals or asylums for the insane in this Commonwealth, if discharged therefrom without recovery, shall be subject upon their discharge to the control of the overseers of the poor in their places of settlement; or, if without known settlement, to the control and supervision of the State Board of Lunacy and Charity, in the same manner as the persons mentioned in section second of this act; *provided, however*, that no insane person having property sufficient to support him, or friends able and willing to do so, shall be subject to the control of the overseers of the poor as a pauper, or restrained under their authority, except by a special decree of some court, for sufficient reasons, which shall be mentioned in the decree.

SECT. 3. The overseers of the poor shall not commit to nor detain in any almshouse, private dwelling, or other place, without remedial treatment, any insane person whose insanity has continued less than twelve months; but all persons suffering from recent insanity shall have the opportunity of medical treatment in some hospital or asylum, under the direction of a physician qualified according to the provisions of section thirteen of chapter eighty-seven of the Public Statutes, if they or their friends so desire.

SECT. 4 The duties enjoined by this act upon the overseers of the poor shall, in the city of Boston, be performed by the board of directors for public institutions.

SECT. 5. This act shall take effect upon its passage, and all acts and parts of acts inconsistent herewith are hereby repealed.